



FACT SHEET

USAID Primary Health Care Project in Iraq (PHCPI)

NUMBERS AT A GLANCE

4

The number of years
of the project (March
2011 – March 2015)

\$69 million

Total funding for
PHCPI

18

PHCPI covers all of
Iraq's 18 provinces

360

of PHCPI target
clinics including 36
model clinics

9,391,182

Total catchment
population covered by
PHCPI

28%

Total percentage of
the Iraqi population
covered by PHCPI

The USAID-funded Primary Health Care Project in Iraq (PHCPI) is a 4-year (March 2011 – March 2015), \$69 million project that covers all 18 provinces and 360 target primary health care clinics nationwide including 36* model clinics (2 in each province) covering a total catchment population of 9,391,182 (28% of total Iraq population). Since March 2011, PHCPI has supported the Iraqi Ministry of Health (MOH) in three key components: 1) strengthening health management systems, 2) improving the quality of clinical services, and 3) encouraging community involvement to increase the demand for and use of primary health care (PHC) services. PHCPI has assisted the MoH put in place key building blocks to strengthen the health management systems and to support the delivery of quality PHC services at the community and facility levels. PHCPI has worked to build the capacity of the MOH and PHC clinics to respond to the needs of the Iraqi population and to assist the MOH in achieving its country-level health priorities, such as meeting its Millennium Development Goals (MDGs) by 2015.

PHCPI 2011-2013

Strengthening Primary Health Care Management Systems

PHCPI aims to strengthen Primary Health Care Management Systems through the development of highly functional management systems to ensure accessible, efficient, and quality health services. Effective management and leadership systems provide the underpinning for efforts to build more accessible and sustainable quality health services.

Key Achievements:

- ◆ 360 PHCCs reached and 1,324 of PHC staff

trained on the PHCPI-developed
Management Handbook

- ◆ 1,913 MOH staff trained on PHCPI-developed Facility and Equipment Maintenance standard operating procedures (SOPs)
- ◆ Leadership and Management Program established and 1,315 staff trained from all 360 PHC clinics
- ◆ New comprehensive paper-based PHC patient record system developed, tested, and printed
- ◆ 1,806 PHC staff across Iraq trained on medical records
- ◆ Referral system established in 216 PHC clinics across Iraq's 18 provinces

Improve PHC Service Providers Performance

PHCPI has worked closely with MOH counterparts to establish standards of care, develop and introduce quality improvement programs, expand high-quality in-service training programs, develop platforms to enhance the quality of care provided in the private sector, and develop an agenda for conducting research to fuel further evidence-based improvements. The project is placing particular emphasis on low-cost, high-impact interventions to reduce maternal and child mortality and to strengthen referrals between hospital-based services and the primary care level.

Key Achievements:

- ◆ National policy for guidelines and protocols development is in place
- ◆ 30 clinical care guidelines developed, printed and distributed to PHCCs (Available

January 2015

The USAID Primary Health Care Project in Iraq (PHCPI) is funded by United States Agency for International Development (USAID) under Contract No. AID-267-C-0-11-00004 and is implemented by University Research Co., LLC.

in Arabic, Kurdish and English)

- ◆ Two sets (24) of training packages developed
- ◆ Over 9,500 relevant staff trained on clinical guidelines in 347 target clinics
- ◆ Six operational research studies finalized
- ◆ Supportive supervision, and referral systems developed and 360 Quality Improvement teams established in PHCCs across Iraq's 18 provinces
- ◆ IEC materials covering MNCH areas developed, printed and distributed in Arabic and Kurdish

Increased Community Partnerships for Primary Health Care

PHCPI's approach to building effective community participation directly aligns with the MOH's Five Year Strategic Plan which underscores community participation in health service delivery as a means to expand access to critical health services, especially for underserved and vulnerable populations, and reduce morbidity and mortality. USAID/PHCPI is working with partners at the district and clinic levels to ensure that communities are involved in the design of effective partnership structures and has developed guidelines for community participation in PHC clinic services.

Key Achievements:

- ◆ National Statement of Patients' Rights developed for



On-the-Job training on Antenatal Care in Karbala-Al-Hussienyia PHCC

the first time in Iraq

- ◆ Community Health Partnerships guideline developed with TOT teams established and 1,049 staff trained on the guideline from 360 PHC clinics

PHCPI-Updated Guidelines and Courses	# of Staff Trained	#of TOTs
MANAGEMENT COURSES		
Community Health Partnerships	1,909	87
Facility and Equipment Maintenance SOPs	1,913	75
Leadership and Management	1,315	115
Management Handbook	1,324	80
Referral System	746	36
Supportive Supervision	1,128	72
CLINICAL COURSES		
Acute Flaccid Paralysis (AFP)	262	54*
Antenatal Care (ANC)	1423	59
Breast and Cervical Cancer	190	33
Communicable Disease Control (CDC)	350	34
Early Management in Trauma	336	19
Emergency Obstetric Care and Newborn Care (EMONC)	367	17
Infection Prevention Control (IPC)	1,999	163
Integrated Management of Childhood Illness (IMCI), for Nurses	1,878	111
Integrated Management of Childhood Illness (IMCI), for Physicians	698	45
Laboratory Standards	39	36
Maternal and Child Health (MCH)	74	115
Menopause	50	47
Maternal and Child Nutrition (MCN)	568	22
Non-Communicable Diseases (NCDs)	730	90
Obesity	325	49
Premarital Counseling	599	35
Traditional Birth Attendants (TBAs)	975	55
Total	19,198	1,395

*MoH Focal Points

- ◆ 360 local health committees established
- ◆ PHCPI activities and interventions promoted through various media channels, including television, newspapers, and websites
- ◆ National Behavior Change Communication (BCC) strategy developed
- ◆ BCC campaign conducted throughout Iraq.
- ◆ Supported MOH Polio efforts through a \$2.9M awareness campaign via 8 national TV and radio channels.

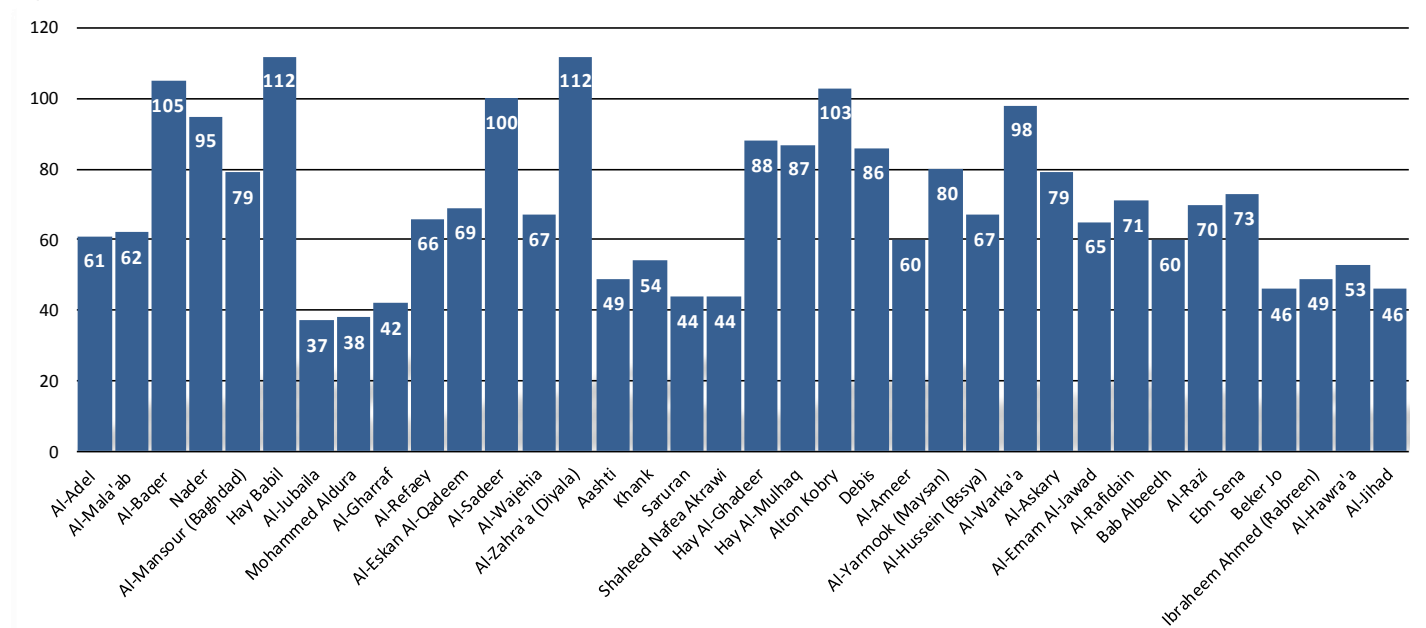
All PHCPI-developed materials have been provided to project supported clinics in Arabic, Kurdish in English in hard copy as well as soft copy for continued and sustained use. PHCPI BCC materials included posters, flyers, brochures, flex boards, and CDs to highlight the importance of vaccination against measles and polio and raise awareness of cholera, as well as key MCH health messages covering a catchment population of 9,391,182. PHCPI's BCC mass media campaign MCH TV spots on diarrhea, breastfeeding and ANC reached over 85% of Iraqis.

Model Clinics

The project initially targeted 360 PHCCs throughout Iraq's

18 provinces, now 298 after the change in scope of work in October 2013. Among those, 33 of 34* targeted PHCCs were upgraded by the project to the standard of Model Clinic, or "a PHCC equipped with modern medical equipment, stocked with the needed drugs and medical supplies, staffed with well-trained health care providers who are in full compliance with the national clinical protocols, guidelines, and effectively operate with appropriate organizational and management structure." PHCPI has provided equipment and targeted technical assistance to each of the 34 clinics to help them meet the model standard. The MOH-PHCPI team has identified 85 standards that are grouped into eight domains that cover all elements of a "fully functional model clinic." Through the model clinics, PHCPI is ensuring that the management and clinical systems strengthened by the project are operationalized at the clinic level. The criteria for model clinics was developed by looking at what is necessary for the optimal functioning of the PHCC, what can be easily verified and monitored against MOH/PHCPI standards by District Health Officers, Ministry Inspectors and clinic management, as well as taking into consideration the Iraqi context and environment.

Figure 1: Model Clinic Staff Trained



* Was 36, now 34 due to the current security situation, two clinics in Al Anbar Governorate were damaged and are no longer participating in the Model Clinics initiative.

NUMBERS AT A GLANCE

30

More than 30 clinical and management guidelines developed by PHCPI

6

Studies/assessments conducted by PHCPI

677

Vaccinators trained by PHCPI on Iraq's EPI Program

45,000

Number of MoH/K-MoH health providers trained by PHCP

24

Number of clinical guidelines updated by PHCPI

225,000

Number of PHCPI-developed flyers delivered to PHCCs on the importance of polio vaccination

Based on these criteria, the MOH and PHCPI collaborated to develop a set of 85 standards that cover all elements of a fully functional Model Clinic. The standards were grouped into eight domains:

- ◆ Domain 1: Physical structure, utilities and furniture
- ◆ Domain 2: Cleanliness and infection control
- ◆ Domain 3: Patients' rights and client care
- ◆ Domain 4: Diagnostic and pharmaceutical services
- ◆ Domain 5: Healthy promotion and community partnership
- ◆ Domain 6: Leadership, management and quality improvement
- ◆ Domain 7: Medical records and continuity of care
- ◆ Domain 8: Maternal and child health

Model Clinic staff have been trained on 28 clinical and managerial guidelines that were updated jointly by PHCPI and the MOH and over 60 trainers of trainers (TOTs) have been trained on 16 of the updated guidelines and have continued to host trainings for other staff.

Support for MDGs 4 & 5

Beginning in Fiscal Year 2014, PHCPI focused its technical assistance on helping the MOH meet its Millennium Development Goals (MDGs) 4 & 5 of reducing child mortality and improving maternal health in target project areas. The project developed a package of low-cost, high-impact interventions for improving maternal, neonatal, and child health (MNCH). Using the project's capacity building strategy, PHCPI, in partnership with the MOH, has updated a number of clinical guidelines related to MNCH. These guidelines are being introduced to PHC service providers through the cadre of trainer-of-trainers (TOT) developed by PHCPI in each province. The project's MNCH initiative is further strengthened by the LHCs working within the catchment areas of each of the project's target clinics. These LHCs are working in partnership with clinics to increase demand for and use of PHC services, particularly among vulnerable populations, including internally displaced persons (IDPs).

PHCPI conducted a Bottleneck Assessment in July 2013, identifying key programmatic factors that contribute to the continued high levels of maternal, newborn, and child mortality in Iraq.



Polio vaccination campaign at PHCPI's Model Clinic in Baghdad, Mansour PHC Clinic.



Hygiene Kits distributed to displaced women in Maysan and outreach activities to raise awareness of health requirements for IDPs in Baghdad

NUMBERS AT A GLANCE

360

Number of Local Health
Committees established
by PHCPI across Iraq

1,934

Number of trainers of
trainers established by
PHCPI as of September
2014

500

Over 500 TBAs have
been trained by PHCPI

4,500

IDP families reached by
PHCPI with hygiene kits
and health promotional
materials

85%

(29,559,600)

Percentage of Iraqis
reached through PHCPI
BCC MCH TV spots

Additionally, PHCPI has conducted four studies for MCH including a study of ANC services at PHCCs across Iraq to determine gaps in quality and access to care, a study on pediatric deaths in hospitals, judiciary offices and Forensic Pathology Units to determine causes of under-five mortality and key health care gaps and a study on TBAs to determine knowledge gaps and their impact on MCH. Additionally, PHCPI conducted an assessment of Maternal Deaths Recording and Reporting to determine the value of mortality reporting as a monitoring tool.

In March 2014, Iraq confirmed its first case of polio in more than a decade. PHCPI provided polio-related technical support through the development of an Acute Flaccid Paralysis (AFP) Field Manual that is used by communicable disease surveillance staff to assist primary health care workers to better diagnose, manage and report cases of AFP.

PHCPI worked closely with the MOH to develop, update, and disseminate guidelines, job aids and conduct training workshops to improve immunization throughout Iraq.

Specific PHCPI interventions include:

- ◆ Developed guidelines/protocols for vaccine cold chain management

- ◆ Developed guidelines/protocols for the detection of immunization side effects
- ◆ Conducted technical orientation meetings on guidelines and procedures for EPI health workers in all provinces
- ◆ Held workshops for vaccinators on developed guidelines

In FY14, PHCPI activities led to over 677 vaccinators being trained on Iraq's Expanded Program of Immunization (EPI), AFP, vaccination side effects, vaccination guidelines, cold chain management for vaccines, vaccination ages, and the schedule of vaccination. Twenty EPI workshops were conducted in selected provinces in coordination with the MOH.

National Technical Advisory Group

PHCPI has established a National Technical Advisory Group (TAG) that serves as a platform to disseminate insight and lessons learned from PHCPI-sponsored initiatives and to explore ways to scale up improvements beyond the 360 clinics involved in the project as well as foster effective collaboration between key stakeholders.

Through the collaboration of the MOH, key stakeholders and key donors, TAG will continuously and enduringly ensure up-to-date interventions and knowledge at the PHC level for



MOH Staff working on Epi Info at PHCPI Training.



PHCPI's Epi Info Trainer familiarizes the Ministry with the newest version of Epi Info.

NUMBERS AT A GLANCE

1,521

Number of
vaccinators trained
on EPI as of January
2015

536

Number of
supervisors trained
on EPI as of January
2015

261

Number trained on
Epi Info surveillance
program

80

Number of
Immunization
Master Trainers
trained by PHCPI

Iraq. During the 10th TAG meeting in July 2014, PHCPI turned responsibilities over to the MOH. The MOH has demonstrated sustainability of the initiative by hosting their first meeting in September 2014.

Expanded FY15 Activities to Support MOH Priorities

With the recent deterioration of public health in Iraq, there is now a reenergized consensus that focusing on assisting the MOH is the best means towards achieving significant improvements in health outcomes, especially for vulnerable groups. While PHCPI has continued to assist the MOH in strengthening the primary health care program, the project's goal for October 2014 – March 2015 is to help support MOH coordination efforts to strengthen surveillance and immunization systems, improve PHC staff capacity in prevention and control of priority communicable diseases, and increase internally displaced persons' (IDPs') access to PHC services. Ultimately, achieving these objectives will assist the MOH in meeting MDGs 4 & 5.

Support MOH efforts to Strengthen Public Health Surveillance for the Prevention and Control of Priority Diseases

PHCPI is providing technical advisory support to the MOH for the development of a National

Strategy for Surveillance of Priority Communicable Diseases that will be the roadmap for MOH surveillance support efforts for the next 5-10 years. The MOH's surveillance system will be strengthened through the development and implementation of a strategic plan with defined and identified roles and responsibilities, specific targets, and realistic timelines for tracking progress towards expected key result areas focused on achieving MDGs 4 & 5. The National Surveillance Strategy is now in its final stages with finalization expected in early February.

As of January 2015, PHCPI has trained 261 MOH staff on Epi Info, exceeding the project's goal. Since the completion of PHCPI's trainings, the Epi Info surveillance program is now being implemented at the district-level. The DOH Surveillance Unit is now receiving weekly reports for communicable diseases electronically instead of the paper-based reports previously submitted. The Epi Info TOTs have created a 2015 work plan to train PHCC staff on the Epi Info surveillance program for immediate notification and reporting of communicable diseases to prevent the outbreak and spread of any communicable disease through immediate response.

Strengthen Iraq's Training Program for Immunization

The Expanded Program on Immunization (EPI) is playing a vital role in maintaining and promoting community health through a reduction in morbidity and mortality of vaccine preventable diseases. The MOH has identified a need to train 23,000 on the Expanded Program on Immunization (EPI) in Iraq. In addition to the 677 vaccinators already trained, PHCPI has trained 1,521 vaccinators and 536 supervisors in six targeted vulnerable provinces. These are members of priority groups identified by the MOH who play an essential role in EPI activities. In addition, PHCPI trained 80 master trainers in the management of immunization and surveillance through a comprehensive master training program involving collaborative activities and practical hands on experience. Through these activities the MOH's immunization program will be strengthened to respond to the country's current and future immunization needs.

Jointly with the MOH, PHCPI has developed three SOPs for improved laboratory diagnostics for key communicable diseases including polio, cholera, measles and rubella. These SOPs have been finalized and are now with the MOH for approval and translation.

Expand Community Outreach Activities among IDP Populations

PHCPI has worked to increase IDPs' knowledge and access to quality reproductive and child health care services with the goal of reducing short- and long-term maternal and child morbidity and mortality (MDGs 4 & 5). In collaboration with the MOH, PHCPI identified target groups within the project's catchment areas focusing on IDP communities, aggregations or informal settlements. PHCPI worked with the MOH to confirm the locations, concentrations and catchment areas of IDPs and to find a way to reach out to informal settlements of IDPs. PHCPI is collaborating with key stakeholders and local NGOs with past experience working with IDPs to lead implementation of IDP outreach in the field, targeting vulnerable groups including women and children.

To date, PHCPI has trained 206 health volunteers to conduct outreach activities for IDPs. These 206 health volunteers have conducted 178 out of a target 250 activities reaching over 5,800 IDP families. During each activity, attendees receive information on basic health services covering topics related to maternal and child health, personal hygiene and protection from communicable diseases such as measles and poliomyelitis. This will lead to increased IDP awareness of maternal and

Table: PHCPI Deliverables as of January 2015

Event's Name	Total	Goal	Percent Complete
Training on EPI for Vaccinators	1,521	1,500	101%
Training on EPI for Supervisors	536	500	107%
Total for EPI	2,057	2,000	103%
Training on Epi Info surveillance program	261	260	100%
Health Volunteers Trained	206	200	103%
Outreach Activities	178	250	71%
IDP Families reached through activities	5,856	6,000	98%
Immunization Master Trainers	80	80	100%

NUMBERS AT A GLANCE

3

Number of IDP guidelines created by PHCPI

261

Number of local NGO health volunteers trained

5,856

Number of IDP families reached through PHCPI outreach activities

issues, adoption of basic hygiene practices, and strengthened linkages between IDP communities and PHC services.

In addition to the health volunteer trainings, PHCPI worked jointly with the MOH to develop guidelines on health topics of importance to IDPs including Basic Health Promotion Services, Psychological First Aid and Gender-Based Violence (GBV). All guidelines have been approved by the MOH and are now available in three languages (Arabic, Kurdish and English).

PHCPI developed and designed health messages in the form of brochures and leaflets to be distributed to IDPs. These health messages address the main concerns and problems facing IDPs in Iraq and concentrate on proper nutrition, food safety, and ways to avoid food poisoning. They are distributed during outreach activities in addition to the health education handouts previously developed by the project, focusing on the topics of antenatal care, vaccinations, child

nutrition, diarrhea management, acute respiratory infections and personal hygiene.



PHCPI health volunteer at an outreach event.

PHCPI IEC materials and guidelines.

